(c) whether Government is considering to amend the relevant Acts/Rules for imposing severe punishment to the culprits; and

(d) if so, the details thereof and the Centre's response thereto?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) and (b) No such specific report has been brought to the notice of this Ministry. However, a Monitoring Study of Pesticide residues and heavy metals in vegetables available in Delhi market has been carried out by the All India Network Project on Pesticide Residues, Indian Agriculture Research Institute, New Delhi.

A total of 54 samples of various vegetables (bhindi, palak, tomato, parwal, bringal, cabbage) were collected from Agriculture Produce Marketing Committee (APMC), Azadpur, New Delhi and analysed for the possible residue of pesticides and heavy metals, during the period of June 2006 to April 2007. Out of the 54 samples, only in two samples of palak and one sample each of cabbage and brinjal, residues of pesticide, namely cholrpyrifos were detected which were below the prescribed Maximum Residue Limit (0.2 ppm) under PFA Rules, 1955. However, in rest of the 50 samples, no pesticide residues were detected.

As far as adulteration in food articles is concerned it is stated that the implementation of the PFA Act, 1954 and Rules, 1955 is entrusted to the Food (Health) Authorities of the States/U.Ts. The enforcement staff of the Food (Health) Authorities draw samples of different food articles from all sources *viz.* Manufacturers, Wholesalers and Retailers and get them analysed so as to see whether the samples conform to the standards laid down under PFA Rules, 1955 and other provisions of the PFA Act.

As per the information made available so far by Food (Health) Authorities for the Annual Reports on the working of the PFA Act and Rules in their respective State/U.T., the percentage of adulteration in different food articles has declined from 11.71% in the year 2002 to 9.57% in the year 2005.

During the year 2004 and 2005, a total of 5023 and 9169 cases have been launched in different Courts of Law respectively, against the offenders for violating different provisions of the PFA Act, 1954 & Rules framed thereunder.

(c) and (d) The provisions for punishment under the Prevention of Food Adulteration Act, 1954 stipulates imprisonment terms from six months up to life depending upon the gravity of offence. The Prevention of Food Adulteration Act, 1954 would get repealed on coming into force of the Food Safety & Standards Act, 2006, under which different penalties are envisaged for sub-standard, misbranded and adulterated foods which varies from Rs. 25000/- to Rs. 5,00,000/-.

There are specific penalties for food which are unsafe and varies depending upon the gravity of offences, from an imprisonment for a term which may extend to six month with fine which may extend to Rs. One lakh to a term for six years and fine which may extend to Rs. 5 lakhs. Where to contravention results in death, the punishment may extend to imprisonment for a term which is not less than 7 years but which may extend to imprisonment for life and also with a fine which shall not be less then Rs. 10 lakhs.

Flouride and arsenic poisoning

1229. SHRI VIJAY J. DARDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that about 66 million people across 17 States are estimated to be at risk of fluoride poisoning and 13.8 million people in 75 blocks are at the risk of arsenic poisoning;

(b) if so, what preventive steps were taken during the last five years to immune this population from these types of poisonings; and

(c) what is the financial outlay approved towards such a deadly menace during the Eleventh Five Year Plan period?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) Based on the fluorine content of the drinking water in the country, fluorosis is a problem in 19 States, which are Andhra Pradesh, Gujarat, Rajasthan, Karnataka, Orissa, Punjab, Maharashtra, Madhya Pradesh, Haryana, Bihar, Tamil Nadu, Uttar Pradesh, West Bengal, Kerala, Assam, Delhi, Jammu & Kashmir, Jharkhand & Chhattisgarh.

Accordingly to the WHO sponsored project carried out by Regional Occupational Health Centre (ICMR), Kolkata, 6 million people across 9 districts of West Bengal are exposed to arsenic contaminated water.

(b) Fluorosis is combated by provision of safe drinking water. Provision of safe drinking water is a State subject. However, Government of India supplements the efforts of the State Governments/Union Territories by providing funds under the Accelerated Rural Water Supply Programme (ARWSP) and Prime Minister's Gramoddya Yojana (PMGY) — Rural Drinking Water for tackling quality related problems and sustainability issues in respect of rural drinking water supply.

(c) A new Centrally Sponsored Scheme entitled 'National Programme for Prevention and Control of Fluorosis' has been prepared for the Eleventh Five Year Plan with a budget provision of Rs. 68 crores. Planning Commission has approved the scheme in principle and a token provision of Rs. 1 crore has been made for the year 2007-08 in order to prevent and control fluorosis.

Opening of super speciality hospitals

1230. SHRI VIJAY J. DARDA:
SHRI GIREESH KUMAR SANGHI:
SHRIMATI SYEDA ANWARA TAIMUR:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the perspective planning of Government in opening super-speciality hospitals during the Eleventh Five Year Plan;

(b) whether any such proposal for opening a super-speciality hospital at Nagpur is pending for consideration with Government for a long time; and

(c) whether factors like central location non-availability of such medical facilities and the type of prospective patients mostly from deprived sections of the society, are given due preference while deciding location of such a hospital?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (c) Health is a State subject. It is, therefore, the responsibility of the State Government to provide tertiary health care services in the States. Government of India augments the effort of the State Governments. Under the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), it is proposed to address imbalance in the availability of affordable/reliable tertiary healthcare services and also to augment facilities for quality medical education in